

RESIDENTIAL HOUSING INSPECTION REPORT

STATE PROJECT _____
F.A.P. _____
HIGHWAY _____
ROUTE _____
PARISH _____

DISPLACEMENT _____ COMPARABLE NO. _____ REPLACEMENT _____

ADDRESS _____

DISPLACEE _____
PARCEL No. _____

180-Day Owner-Occupant _____ 90-Day Occupant _____ Subsequent Occupant _____

Square Feet (heated)	_____	Age	_____
Type Construction	_____	No. Rooms	_____
Type neighborhood	_____	No. Bdrms	_____
Distance to Public	_____	Baths	_____
Transportation	_____	Den	_____
Distance to Shopping	_____	Living Rm	_____
Centers	_____	Dining Rm	_____
Distance to Schools	_____	Utility Rm	_____
		Other	_____
Listed by:	_____	Phone:	_____

If rental: furnished/unfurnished _____
If rental, includes any utilities? Gas _____ Elec _____ Water _____ Sewerage _____

DSS Inspection-Dwelling

Kitchen Area Contains:		Bathrooms	
a. Sink in good working condition	Y N	a. Well lighted	Y N
b. Sink connected to hot/cold water	Y N	b. Ventilated	Y N
c. Sewerage drainage system	Y N	c. Tub or Shower	Y N
d. Utility service connections	Y N	d. Lavatory	Y N
e. Space for installing appliances	Y N	e. Hot/cold water	Y N
		f. Working commode	Y N
		g. Sewerage disposal	Y N
		h. Affords privacy	Y N

Each room has provision for artificial
lighting? Y N

Safe unobstructed means of egress? Y N

a. If dwelling unit is on the second story or above with access directly from or through a common corridor, the corridor has at least two means of egress. Y N

b. If displacee is handicapped, dwelling is free of any barriers that would prevent ingress and egress Y N

DSS Inspection - Site Only

Utilities on site: Gas _____ Water _____ sewer _____ electric _____ well _____ septic tank _____

Lot size _____

Needed modifications (earthwork,MH pad, etc.) _____

Are any of the following present? dump _____ surface tanks _____ odor _____ drums _____

transformers _____ power substation _____ landfill _____ oil sheen _____

INSPECTION COMMENTS:

The dwelling/site at the above address has been inspected and in my opinion meets the standards for decent, safe and sanitary housing. yes no

Inspected by _____ R. E AGENT _____ DATE _____